

MEMORANDUM

Agenda Item No. 11(A)(25)

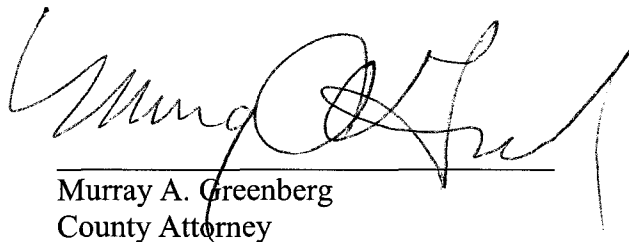
TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: March 6, 2007

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
for the 2007 Walk for Autism
Research

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Carlos A. Gimenez.



Murray A. Greenberg
County Attorney

MAG/jls



MEMORANDUM

(Revised)

TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: March 6, 2007

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Agenda Item No. 11(A)(25)

Please note any items checked.

- ☐ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☐ No committee review

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(25)
3-6-07

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE FEBRUARY 11, 2007 WALK FOR AUTISM RESEARCH SPONSORED BY AUTISM SPEAKS, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$15,989.66 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

WHEREAS, Autism Speaks has requested in-kind services from the Miami-Dade Park and Recreation Department for the February 11, 2007 Walk for Autism Research in an amount not to exceed \$15,989.66 (see attached Fee Waiver/In-kind Service Application): and

WHEREAS, Autism Speaks is a non-for-profit organization; and

WHEREAS, the Walk for Autism Research is a special event, as that term is defined in the attached Fee Waiver/In-Kind Service Application, with the purpose of raising autism awareness, and to raise money for the support of autism research; and

WHEREAS, the in-kind services shall be funded from the Countywide In-kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Miami-Dade Park and Recreation for the February 11, 2007 Walk for Autism Research in an amount not to exceed \$15,989.66 to be funded from the Countywide In-kind Reserve Fund.

The foregoing resolution was sponsored by Commissioner Carlos A. Gimenez and offered by Commissioner _____, who moved its adoption. The motion was

seconded by Commissioner

and upon being put to a vote, the vote

was as follows:

Bruno A. Barreiro, Chairman

Barbara J. Jordan, Vice-Chairwoman

Jose "Pepe" Diaz

Carlos A. Gimenez

Joe A. Martinez

Dorrin D. Rolle

Katy Sorenson

Sen. Javier D. Souto

Audrey M. Edmonson

Sally A. Heyman

Dennis C. Moss

Natacha Seijas

Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 6th day of March, 2007. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

MR

Monica Rizo

10/19/2006 00:56 3053726173

CJ COMMUNICATIONS

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Parks \$ - 5,191

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2836
Fax: (305) 375-3966

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☒ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization: AUTISM SPEAKS

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt ☐ Local Government or Public Entity
- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department
- ☐ Other (specify): _____

Jmerens@autismspeaks.org

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): JACLYN MERENS
2151 W. HILLSBORO BLVD SUITE 303 DEERFIELD BEACH, FL. 33442
PHONE (954) 421-9997 FAX (954) 421-1054

4. Specify fee waiver or in-kind service requested (quantify, if applicable): PARKING FEE - APPROX. 2,000 CARS
LARGE SHOWMOBILE W/ SOUND SYSTEM, GENERATOR, WIRELESS MICROPHONES (2)
?

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): FEB. 11, 2007
AUTISM SPEAKS - WALK FOR AUTISM RESEARCH - FORMERLY NAAR
(NATIONAL ALLIANCE FOR AUTISM RESEARCH)

PURPOSE - TO RAISE AUTISM AWARENESS IN THE MIAMI COMMUNITY
TO PROVIDE A PLACE TO COME TOGETHER IN SUPPORT OF AUTISM RESEARCH
AND RAISE MONEY FOR RESEARCH GRANTS.

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): CRANDON PARK, KEY BISCAYNE

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CJ COMMUNICATIONS

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MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional or local impact: PROVIDE COMMUNITY RESOURCES FOR AUTISM
FAMILIES, EDUCATORS AND THE COMMUNITY AT LARGE. RAISE
AWARENESS IN THE COMMUNITY WHILE ENJOYING A DAY AT
CRANDON PARK.
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
SET UP - FEB. 10, 2007 8:00 AM - 4:00 PM
EVENT - FEB. 11, 2007 8:00 AM - 1:00 PM / BREAKDOWN 1:00 PM - 3:00 PM
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): SEE ATTACHED MAP & SCHEMATIC PAGES 3 AND 4
11. Expected number of participants and estimated attendance (per day, if applicable): 3,000 - 5,000
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): SEE ATTACHED BUDGET - PAGE 5

I hereby certify that all the statements made in this application are true and correct.

Ray Ram Kelly
Signature of Authorized Representative

10/26/06
Date

WALK
SPEAKS
2007

NORTH BEACH
PARKING

47
M STAGE M

FIRE
RESCUE

46
45 44
S 42 43
WALL 41
S 40
39 38
BH 37

34 35
36 37

30 31
32 33

1 2 3 4 5 6

7 8 9 10 11 12 13

14 15 16 17 18

FIRE

19 20 21 22 23 24 25 26 27 28 29

GATE

TRUCK
ICE

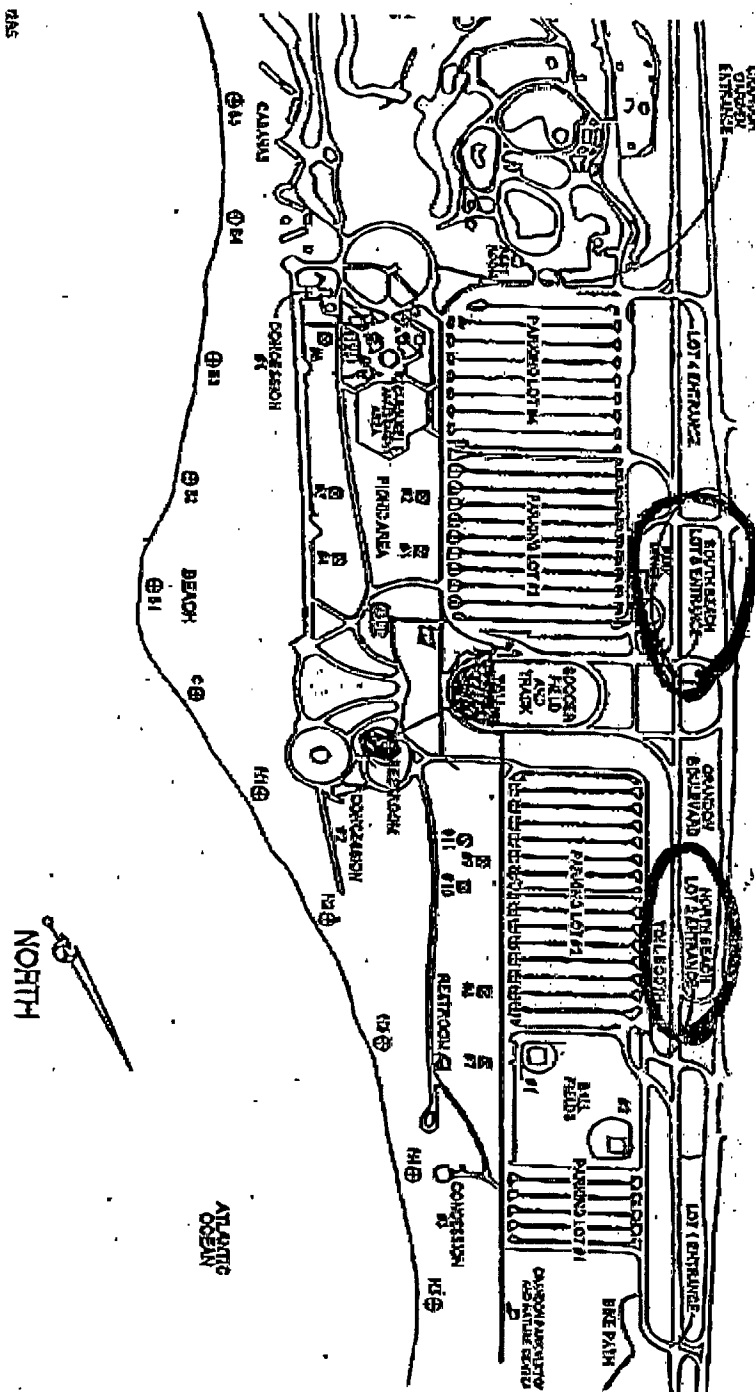
TRUCK
TRUCK

TOLL
PLAZA

SOUTH BEACH
PARKING

PARK

CRANDON PARK



A1

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(D)

SPECIAL EVENT BUDGET

Detail fully the intended use, type of business and scope of operation:

DETAILED REVENUE

Source	Price	Total Amount of Income
DONATIONS FROM		100,000.00
LOCAL + NATL CORPORATIONS		
ORGANIZATIONS + FAMILIES		
DONATIONS COLLECTED		350,000.00
FROM PARTICIPANTS		
Total Revenue:		\$ 450,000.00

DETAILED EXPENDITURES

Item	Total Amount of Expense
RENTALS FOR DAY OF WALK + Other Fees	4,000.00
KICKOFF LUNCHEON + AWARDS RECEPTION	12,000.00
PRINTING OF MATERIALS (brochures, posters)	14,000.00
MAILING, PHONE + FAX	5,000.00
MISC	10,000.00
Total Expenses:	45,000.00
Net Income Expected:	\$ 450,000.00

DETAILED IN KIND SERVICES

Item	Value of Contribution
FOOD, DRINKS, VEHICLES, TABLES, CHAIRS,	
ENTERTAINMENT, PUBLIC SERVICE ANNOUNCE-	
MENTS + NEWSPAPER PRESS	
Total Value:	\$ 0-0,000.00

Describe the intended use of net income generated from this special event: to fund research into
the causes, better treatments + ultimately a cure for autism
and its spectrum disorders. Raise awareness about autism
in the community

OCT-19-2006 09:24 AM

3052571083

P. 02/02



**SHOWMOBILES, STAGES, BLEACHERS,
AND SOUND PRODUCTION**
(305) 257-0933 Ext. 240/(305) 257-1083 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: AUTISM SPEAKS

EQUIPMENT REQUESTED: LARGE SHOWMOBILE
AND SOUND EQUIPMENT

NAME OF PERSON RESPONSIBLE FOR THIS RENT: ROY KELLY
1421 SW 158 TERR. MIAMI, FLA. 33137

OR INDEX CODE (MIAMI-DADE COUNTY AGENCIES ONLY): _____

BILLING ADDRESS/ZIP CODE: AUTISM SPEAKS - JACLYN MERENS
2151 W. HILLSBORO BVD. #303 DEERFIELD BEACH, FL. 33442

NAME/TITLE OF THE EVENT: WALK FOR AUTISM RESEARCH

ADDRESS OF EVENT: CRANDON PARK 4000 CRANDON BLVD.

TODAY'S DATE: 10/23/06 KET BISCAINE, FL 33144 DATE(S) & TIME OF EVENT: SUN. FEB. 11, 2007 8:00 AM - 1:00 PM

SET-UP TIME & DAY: SAT. FEB. 10, 2007 9:00 AM

TAKE-DOWN & DAY: SUN. FEB. 11, 2007 2:00 PM

CONTACT PERSON/PHONE: ROY KELLY (305) 232-0570

AT SITE CONTACT/CELL PHONE #: ROY KELLY (305) 301-5010 OR

JACK PATTERSON (305) 962-6534

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.
SET UP AREA - SAME AS LAST YEAR

OTHER INFORMATION: Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as outlined in the rental policy. We also understand that the total fee is to be remitted (15) fifteen working days before the event.

*Fee _____
*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature

Roy Kelly

Agency/Group AUTISM SPEAKS

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED**

**1/2 (HALF) OF RENTAL FEE. *There will be no completed reservation on the schedule unless
the confirmation Form is filled out completely and signed.**

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Memorandum

MIAMI-DADE
COUNTY

Date: March 6, 2007

To: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

From: George M. Burgos
County Manager

Subject: Countywide In-Kind Reserve Request Recommendation

The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The countywide in-kind reserve balance allows for the funding of this request.

Background

A retroactive waiver for in-kind services has been requested by a not-for-profit organization Autism Speaks for their annual Walk for Autism Research scheduled for February 11, 2007.

In-kind services have been requested in an amount not to exceed \$15,989.66 from the Park and Recreation Department for use of the showmobile, sound system and fees associated with Crandon Park including parking fees for not more than 2,000 cars at Crandon Park. This event will be funded from the countywide in-kind reserve fund.

In FY 2006-07 Autism Speaks has not received any County funding.

inkind04307